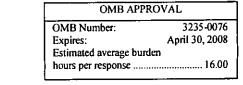
FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D





NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix		Serial					
	1	1					
	DATE R	ECEIVED					
	1						

Name of Offering ([]] check if this is an amendment and name has changed, and indicate change.) Class A and B Shares in SW Stor-N-Lock #24	
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [Type of Filing: [] New Filing [X] Amendment	CESSED RECEIVED
A. BASIC IDENTIFICATION DATA	NOV 0 5 2007
Enter the information requested about the issuer	01 2007
Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.) SW Stor-N-Lock #24, LLC	OMSON 185
Address of Executive Offices (Number and Street, City, State, Zip Code) 333 W. Hampden Avenue, Suite 810, Englewood, CO 80110	Telephone Number (Including Area Code) (303) 534-1040
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Čode)
Brief Description of Business SW Stor-n-Lock #24, LLC holds 50% ownership and profits and losses interest in Stor-n-Lock Partners #24, LLC operates a self-storage center.	, a Utah limited liability company that owns and
Type of Business Organization [] corporation [] limited partnership, already formed [] business trust [] limited partnership, to be formed [X] other (please specify): limited liability of the composition of the compo	company, already formed
Actual or Estimated Date of Incorporation or Organization:	Month Year [0 4] [0 7] [X] Actual [] Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

[C|O]

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and mana	ng partner of partnership issuers.
Check Box(es) that Apply:	X] Promoter [X] Beneficial Owner [] Executive Officer [] Director [X] General and/or Managing Partner
Full Name (Last name first, if inc Utz, William G.	idual)
Business or Residence Address (1443 Bethel Ct., Castle Rock, CO	imber and Street, City, State, Zip Code) 0109
Check Box(es) that Apply:	X] Promoter [X] Beneficial Owner [] Executive Officer [] Director [X] General and/or Managing Partner
Full Name (Last name first, if inc Cuje, Brian M.	idual)
Business or Residence Address (5987 S. Eudora St., Centennial, C	umber and Street, City, State, Zip Code) 80121
Check Box(es) that Apply:	X] Promoter [X] Beneficial Owner [] Executive Officer [] Director [X] General and/or Managing Partner
Full Name (Last name first, if in Brown, Benjamin L.	idual)
Business or Residence Address (1600 Broadway, Suite 1490, Der	umber and Street, City, State, Zip Code) cr, CO 80202
Check Box(es) that Apply:] Promoter [X] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if ine Mark D. Campbell Trust	idual)
	umber and Street, City, State, Zip Code) en Trail, Columbine Valley, CO 80123
Check Box(es) that Apply:] Promoter [X] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if inc Donahue, Mark	idua!)
Business or Residence Address (4875 S. Monaco Street, Suite 30	umber and Street, City, State, Zip Code) Denver, CO 80237
Check Box(es) that Apply:	Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if in	idual)
Business or Residence Address (Imber and Street, City, State, Zip Code)
Check Box(es) that Apply:	Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if in	idual)
Business or Residence Address (imber and Street, City, State, Zip Code)
Check Box(es) that Apply:	Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if in	idual)
Business or Residence Address (amber and Street, City, State, Zip Code)
Check Box(es) that Apply:	Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if in	idual)
Business or Residence Address (umber and Street, City, State, Zip Code)

Check Box(es) that Apply:	[] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if in	dividual)
Business or Residence Address	(Number and Street, City, State, Zip Code)
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if in	dividual)
Business or Residence Address	(Number and Street, City, State, Zip Code)
	(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B. INF	ORMAT	ION ABO	UT OFFE	ERING					
1. Has the issue	r sold,	or does the	issuer inter	id to sell, to	non-accred	ited investo	rs in this of	fering?						Yes No
								2, if filing u						
						• •	-	_						e 250
2. What is the m	ninimu	m investme	ent that will	be accepted	i trom any i	ndividuai?.						***************************************		
3. Does the offe	ering pe	ermit joint c	wnership o	f a single u	nit?				**1**11*41*41**			****************		Yes No
Enter the info	ormatio	n requested	l for each p	erson who h	nas been or	will be paid	or given, d	irectly or in	directly, any	y commissio	on or similar	r remunerati	ion for	
solicitation of registered with of such a brol	th the S	SEC and/or	with a state	or states, li	ist the name	of the brok	er or dealer	. If more th	an five (5) p	persons to b	e listed are	associated p	ersons	
Full Name (Last	name f	irst, if indiv	/idual)			<u> </u>								
Business or Resid	dence A	Address (Ni	umber and S	Street, City,	State, Zip	Code)								
Name of Associa	ated Bro	oker or Dea	ler											· · · · · ·
States in Which I	Dercon	Listed Har	Solicited or	Intends to	Solicit Pur	hasers								***
(Check "All S	States"	or check in	dividual St	ates)			••••••		***************************************	••••••	••••••		[] All States
ſA	AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
1]	IL]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	(MD) [NC]	[MA] [ND]	[МI] [ОН]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
-	AT] RIJ	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	(WY)	(PR)	
Full Name (Last)	name f	irst, if indiv	idual)											
Business or Resid	dence A	Address (No	umber and !	Street, City,	State, Zip	Code)		<u> </u>					· · ·	
Name of Associa	ated Bro	oker or Dea	ller									,		<u>.</u>
States in Which I (Check "All S	Person States"	Listed Has or check in	Solicited or dividual St	Intends to	Solicit Purc	hasers	,	**************					[] All State
ſΔ	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]	
[1	IL <u>j</u>	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	(MD)	[MA]	[MI]	[MN]	[MS]	[MO]	
_	AT] RIJ	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	(OH) [WV]	[OK] [Wl]	(OR) (WY)	[PA] [PR]	
full Name (Last	name f	irst, if indiv	/idual)											
Business or Resid	dence A	Address (Ni	umber and S	Street City	State Zin (ode)			 -					
Justiness of Resident	donoc 7	1441605 (114	annoti mid i	Jacob, Oity,	Suite, Esp									
Name of Associa	ated Bro	oker or Dea	ller											
itates in Which I (Check "All S										***************************************			[] All State
ſA	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[1	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MÓ] [PA]	
	ATJ RJJ	[NE] [SC]	[NV] [SD]	[NH] [TN]	[UN] [TX]	[NM] [UT]	[NY] [VT]	[VA]	[WA]	[WV]	[WI]	(WY)	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Offering Already Type of Security Price Sold \$ Debt Equity [] Common [] Preferred \$ Convertible Securities (including warrants) Partnership Interests Limited liability company Class A 1,450,200 \$ 1,450,200 Other (Specify) and Class B shares 1,450,200 \$ 1,450,200 Total Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases S 1,450,200 Accredited Investors 0 \$ Non-accredited Investors \$ Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C--Question 1. Dollar Amount Type of Sold Security Type of Offering \$ Rule 505 \$ Regulation A Rule 504 \$ Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees [] Printing and Engraving Costs 250 $\{X\}$ Legal Fees 12,000 Accounting Fees. 7,500 Engineering Fees 8,250 Sales Commissions (specify finders' fees separately) 475 Other Expenses (identify) Form D Filing Fees

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

. 1

28,475

b. Enter the difference between the aggregate offering price given in response to Part CQuestion 1 and total expenses furnished in response to Part CQuestion 4.a. This difference is the "adjusted gross proceeds to the issuer".								1,421,725
5.	Indicate below the amount of the adjusted gross proceeds to the issues if the amount for any purpose is not known, furnish an estimate a payments listed must equal the adjusted gross proceeds to the issues to the instance of the instance	and check the box to the left of the estim	ate. Th	e total	shown. of the			
					Payments to Officers, Directors & Affiliates			Payments to Others
	Salaries and fees		[]	s –		_ []	\$_	
	Purchase of real estate		[]	s _		_ []	\$_	
	Purchase, rental or leasing and installation of machinery and equ	uipment	[]	s _		_ []	\$ _	
	Construction or leasing of plant buildings and facilities		[]	\$_		_ []	\$.	
	Acquisition of other businesses (including the value of securit used in exchange for the assets or securities of another issuer pu		[]	s _		_[]	\$_	<u></u>
	Repayment of indebtedness		[]	\$_		_ []	\$_	
	Working capital		[]	s _		[X]	\$_	1,421,725
	Other (specify):		_					
			[]	\$_		[X]	\$_	1,421,725
	Column Totals		[]	s _		[X]	\$_	1,421,725
	Total Payments Listed (column totals added)			[X]	\$1,421,3	725		
	D. F	FEDERAL SIGNATURE						
und	issuer has duly caused this notice to be signed by the undersigned duly ertaking by the issuer to furnish to the U.S. Securities and Exchange Co-accredited investor pursuant to paragraph (b)(2) of Rule 502.	y authorized person. If this notice is filed u ommission, upon written request of its staf	inder Ru	le 505, ormatic	the following sig on furnished by t	gnature co he issuer	onstit to an	utes an y
	er (Print or Type) Stor-N-Lock #24, LLC	Signature 07 6		Date Octobe	29 ,2007			
	ne of Signer (Print or Type) liam G. Utz	Title of Signer (Print or Type) Manager						

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

END

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)